

214015160
18176

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 076	Agency Case No. B4-032910	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT 04/18/2014	M M / D D / Y Y Y Y S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		TIME OF ACCIDENT 2300	STATE USE ONLY	
A/2	PLACE OF ACCIDENT COUNTY Lancaster CITY Lincoln	STREET/ HIGHWAY NO. O Street		POLICE NOTIFIED 2323	04/19/2014	
B 70	ROAD ON WHICH ACCIDENT OCCURRED	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LATITUDE		
C 4	DISTANCE FROM MILEPOST	FEET N S E W OF MILEPOST		HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY N 9th Street		IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES N S E W AND MILES		OF NEAREST CITY OR TOWN			
E 1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b 01 2 6 2 01 09 1		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/N 2	DRIVER	PHONE		LOCAL NO.		
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
G 4	OWNER	PHONE		LOCAL NO.		
V1/O 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
H 5	LICENSE PLATE NO.	Unknown		YEAR (Plate Expires)		STATE (Of Plate)
V1/P 8	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/P	VEHICLE ID NO. (VIN)	Unknown		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$		
J 01	TOWED TO	TOWED BY		INSURANCE COMPANY Unknown		
K 02	POLICY NO.		Unknown			
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/P 8	DRIVER	PHONE		LOCAL NO.		
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J 01	OWNER	PHONE		LOCAL NO.		
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO		
V2/Q	LICENSE PLATE NO.	Unknown		YEAR (Plate Expires)		STATE (Of Plate)
K 02	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
L 0	VEHICLE ID NO. (VIN)	Unknown		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$		
M 02	TOWED TO	TOWED BY		INSURANCE COMPANY Unknown		
N 02	POLICY NO.		Unknown			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		SEX M F
0	Sammy Brown Jr, 1805 N 30th Street, Lincoln, NE 68503			09/12/1960		M
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME Lincoln Fire & Rescue		EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

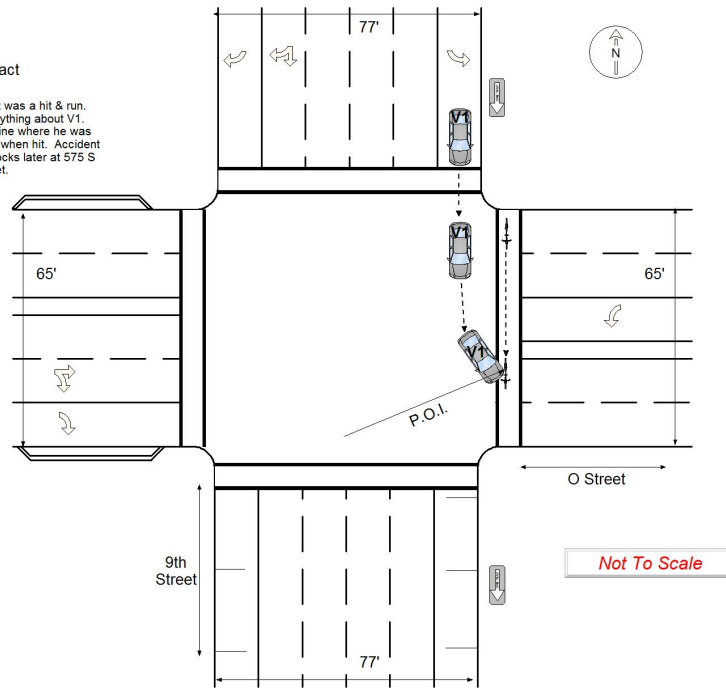
AGENCY CASE NO.
B4-032910



Indicate
North
by Arrow

Point Of Impact

Unknown as the accident was a hit & run.
Bicyclist did not know anything about V1.
Bicyclist could not determine where he was
actually at in the crosswalk when hit. Accident
was reported numerous blocks later at 575 S
10th Street.



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Sammy, bicyclist, was riding his bike SB in the East crosswalk of N 9th / O Street. Sammy reported he was in the crosswalk when he was struck by an unknown vehicle. Sammy reported the vehicle then fled the scene in an unknown direction. Sammy did not know exactly where he got hit or which direction the vehicle was traveling before impact. Sammy could not give any description of the vehicle or driver as he did not see the vehicle. Sammy stated he had consumed a 'couple cocktails' prior to riding his bicycle. Sammy did not have a helmet on or any lighting on his bike.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Blue Magna Electro	Sammy Brown Jr.,	1805 N 30th Street, Lincoln, NE	68503	7737074970
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2	
1	X	N 9th	POINT OF IMPACT	12	
2			POINT OF IMPACT		
1	06	06 Turning left	MOST DAMAGED AREA	12	
2		08 Entering traffic lane	MOST DAMAGED AREA		
01 Essentially straight ahead		09 Leaving traffic lane	02 03 04		
02 Backing		10 Parked	01 05		
03 Changing lanes		11 Slowing or stopped in traffic	08 07 06		
04 Overtaking/ Passing		12 Other			
05 Turning right		13 Unknown			
OFFICER NO. 1662		TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Dustin Romshek		INVESTIGATOR SIGNATURE Approved by Officer Dustin Romshek		DATE OF REPORT 04/19/2014	